

Estimated Costs for Services

Effective for Calendar Year 2022

CPT	CPT Descriptions	Cost to Member (before deductible)
Doctor's Office Visit for a New Patient (Also Urgent Care)		
99201	Low-level visit	\$117
99202	Low-to-moderate-level visit	\$194
99203	Moderate-level visit	\$274
99204	Moderate-to-high-level visit	\$417
99205	High-level visit	\$526
Doctor's Office Visit for an Established Patient (Also Urgent Care)		
99211	Low-level visit	\$60
99212	Low-to-moderate-level visit	\$116
99213	Moderate-level visit	\$191
99214	Moderate-to-high-level visit	\$277
99215	High-level visit	\$372
Allergy Injections		
95115	Allergy shot, single injection	\$30
95117	Allergy shot, two or more injections	\$34
CT Scans		
70450	Head CT scan	\$372
70486	Sinus CT scan	\$450
71250	Chest CT scan	\$510
71260	Chest CT scan, including dye	\$634
74176	Abdomen/pelvis CT without contrast	\$643
74177	Abdomen/pelvic CT scan, including dye	\$1,060
MRIs (Without Contrast)		
70551	Brain MRI without dye	\$720
70553	Brain MRI with and without dye	\$1,180
72148	Lumbar Spine MRI	\$702
73721	Knee MRI	\$741
Pregnancy and Prenatal Tests		
59025	Fetal non-stress test	\$151
76801	Pregnancy ultrasound, first trimester	\$395
76805	Pregnancy ultrasound, after first trimester	\$453
76815	Obstetric ultrasound, limited	\$271
76816	Obstetric ultrasound, after first trimester	\$366
76817	Obstetric ultrasound, transvaginal	\$309

CPT	CPT Descriptions	Cost to Member (before deductible)
Ultrasounds		
76700	Abdominal ultrasound	\$398
Colonoscopy*		
45378	Diagnostic colonoscopy	\$1,061
45380	Diagnostic colonoscopy with biopsy	\$1,376
X-rays		
72100	Lumbar spine X-ray, two or three views	\$123
73030	Shoulder X-ray, complete	\$107
73110	Wrist X-ray, complete	\$125
73130	Hand X-ray, complete	\$112
73140	Finger X-ray	\$115
73560	Knee X-ray, one or two views	\$108
73562	Knee X-ray, three views	\$126
73564	Knee X-ray, complete four+ views	\$141
73610	Ankle X-ray, three+ views	\$112
73630	Foot X-ray, complete	\$105
77080	Bone density scan, dexa scan	\$128

Estimated costs above represent the fee for a single unit of service provided by a physician at Palo Alto Medical Foundation, Sutter Gould Medical Foundation, Sutter Pacific Medical Foundation, Sutter East Bay Medical Foundation or Sutter Medical Foundation. Costs for similar services provided at a hospital or by a physician from a different medical group or IPA may vary.

*Costs listed for colonoscopy services are for physician services only. The separate costs for the facility are not included and may vary by location.